

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**Alexandria, Virginia 22313-1450**  
**Fax (703)746-4000**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections on one Block 1)

23556 7500 07/22/2003

KIMBERLY-CLARK WORLDWIDE, INC.  
 401 NORTH LAKE STREET  
 NEENAH, WI 54956



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Judy Garop (Depositor's name)  
 Judy Garop (Signature)  
 October 13, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,838	11/02/2001	Mark Alan Burazin	14,923A	8510

TITLE OF INVENTION: FABRIC FOR USE IN THE MANUFACTURE OF TISSUE PRODUCTS HAVING VISUALLY DISCERNABLE BACKGROUND TEXTURE REGIONS BORDERED BY CURVILINEAR DECORATIVE ELEMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	10/22/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
HUG, ERIC J	1731	162-362000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Patricia A. Charli r  
 2  
 3

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kimberly-Clark Worldwide, Inc.

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

401 N. Lake St., Neenah, WI 54956

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card, Form PTO-2038 is attached.

☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0875 (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

10-10-03

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/15/2003 RHONDAF2 00000094 110875 10015838

01 FC:1501 1330.00 DA

02 FC:1504 300.00 DA

03 FC:8001 3.00 DA

TRANSMIT THIS FORM WITH FEES)

PTOL-85 (REV. 05-03) Approved for use through 04/30/2004. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

**Kimberly-Clark**

Facsimile

K-C North  
401 North Lake Street  
Neenah, Wisconsin 54956

<b>To:</b>	<b>Name</b> BOX ISSUE FEE	<b>Company</b> U.S.P.T.O.	<b>Fax Number</b> (703) 746-4000
<b>Subject:</b>	U.S.S.N. 10/015,838 Attorney Docket: 14,923A		
<b>From:</b>	Patricia A. Charlier		<b>Page:</b> 1 of 2
<b>Dept:</b>	Legal		<b>Date:</b> 10/13/03
<b>Loc:</b>	K-C North		<b>Time:</b> 3:25 p.m.

Transmitted herewith is PTOL-85 - Issue Fee Transmittal.

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I HEREBY CERTIFY THAT THIS PAPER IS BEING  
FACSIMILE TRANSMITTED TO THE PATENT AND  
TRADEMARK OFFICE ON THE DATE SHOWN BELOW.

JUDY GAROT

TYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATE

Judy Garot      10/13/03  
SIGNATURE      DATE

This facsimile is for the use of the addressee only and may contain privileged or confidential information that is exempt from disclosure under law. If you are not the addressee or responsible for delivering it to him or her, please know that dissemination, distribution, or copying of this facsimile is prohibited. If you have received this in error, please telephone us promptly and destroy the original.

**If you have a problem with or a question about this facsimile, contact:**

**Name:** Judy Garot

**Fax:** (920) 721-0270

**Phone:** (920) 721-2434